LILLIAN E KERR NURSING REHABILITATION

2383 STATE HWY 17

PHELPS 54554 Phone: (715) 545-2589 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 80 Yes Number of Residents on 12/31/02: 70 Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)							
Home Health Care No		Primary Diagnosis	%   Age Groups			Less Than 1 Year	47.1		
Supp. Home Care-Personal Care	No					1 - 4 Years	42.9		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	10.0		
Day Services	No	Mental Illness (Org./Psy)	57.1	65 - 74	5.7				
Respite Care	Yes	Mental Illness (Other)	1.4	75 - 84	25.7		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	55.7	* * * * * * * * * * * * * * * * * * *	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.4	95 & Over	12.9	Full-Time Equivalent			
Congregate Meals Yes		Cancer	1.4			Nursing Staff per 100 Residents			
Home Delivered Meals	Yes	Fractures	7.1		100.0	(12/31/02)			
Other Meals	No	Cardiovascular	5.7	65 & Over	100.0				
Transportation	No	Cerebrovascular	12.9			RNs	11.6		
Referral Service	Yes	Diabetes	2.9	Sex	용	LPNs	6.1		
Other Services	No	Respiratory	1.4			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	8.6	Male	17.1	Aides, & Orderlies	38.1		
Mentally Ill	No			Female	82.9	1			
Provide Day Programming for			100.0			1			
Developmentally Disabled	No				100.0				

## Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay			amily Care			anaged Care	! 		
Level of Care	No.	olo	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	1	2.0	127	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.4
Skilled Care	3	100.0	333	47	92.2	109	0	0.0	0	15	93.8	143	0	0.0	0	0	0.0	0	65	92.9
Intermediate				3	5.9	91	0	0.0	0	1	6.3	129	0	0.0	0	0	0.0	0	4	5.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		51	100.0		0	0.0		16	100.0		0	0.0		0	0.0		70	100.0

LILLIAN E KERR NURSING REHABILITATION

*******	*****	******	*****	*****	*****	*****	******
Admissions, Discharges, and	1	Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12/	31/02
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:	1	Activities of	양	As	sistance of	% Totally	Number of
Private Home/No Home Health	7.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.8	Bathing	7.1		65.7	27.1	70
Other Nursing Homes	5.7	Dressing	11.4		58.6	30.0	70
Acute Care Hospitals	82.8	Transferring	25.7		51.4	22.9	70
Psych. HospMR/DD Facilities	0.0	Toilet Use	25.7		50.0	24.3	70
Rehabilitation Hospitals	0.0	Eating	51.4		34.3	14.3	70
Other Locations	3.3	* * * * * * * * * * * * * * * * * * * *	*****	*****	*****	******	*****
Total Number of Admissions	122	Continence		%	Special Treat	tments	용
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	1.4	Receiving I	Respiratory Care	8.6
Private Home/No Home Health	32.5	Occ/Freq. Incontinent	t of Bladder	45.7	Receiving :	Tracheostomy Care	0.0
Private Home/With Home Health	4.3	Occ/Freq. Incontinent	t of Bowel	27.1	Receiving S	Suctioning	1.4
Other Nursing Homes	0.9				Receiving (	Ostomy Care	2.9
Acute Care Hospitals	33.3	Mobility			Receiving :	Tube Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	2.9	Receiving N	Mechanically Altered Diets	38.6
Rehabilitation Hospitals	0.0						
Other Locations	6.0	Skin Care			Other Resider	nt Characteristics	
Deaths	23.1	With Pressure Sores		5.7	Have Advanc	ce Directives	84.3
Total Number of Discharges		With Rashes		4.3	Medications		
(Including Deaths)	117				Receiving 1	Psychoactive Drugs	44.3

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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			ership:		Size:		ensure:				
	This	Non	profit	50	-99	Ski	lled	Al	1		
	Facility	Peer	Peer Group		Group	Peer Grou		Faci	lities		
	ofo	%	Ratio	90	Ratio	olo	Ratio	olo	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	80.7	86.5	0.93	83.5	0.97	83.3	0.97	85.1	0.95		
Current Residents from In-County	62.9	79.3	0.79	72.9	0.86	75.8	0.83	76.6	0.82		
Admissions from In-County, Still Residing	17.2	23.9	0.72	22.2	0.78	22.0	0.78	20.3	0.85		
Admissions/Average Daily Census	187.7	107.3	1.75	110.2	1.70	118.1	1.59	133.4	1.41		
Discharges/Average Daily Census	180.0	110.2	1.63	112.5	1.60	120.6	1.49	135.3	1.33		
Discharges To Private Residence/Average Daily Cens	us 66.2	41.6	1.59	44.5	1.49	49.9	1.33	56.6	1.17		
Residents Receiving Skilled Care	94.3	93.2	1.01	93.5	1.01	93.5	1.01	86.3	1.09		
Residents Aged 65 and Older	100	95.7	1.04	93.5	1.07	93.8	1.07	87.7	1.14		
Title 19 (Medicaid) Funded Residents	72.9	69.2	1.05	67.1	1.09	70.5	1.03	67.5	1.08		
Private Pay Funded Residents	22.9	22.6	1.01	21.5	1.06	19.3	1.19	21.0	1.09		
Developmentally Disabled Residents	0.0	0.6	0.00	0.7	0.00	0.7	0.00	7.1	0.00		
Mentally Ill Residents	58.6	35.9	1.63	39.0	1.50	37.7	1.55	33.3	1.76		
General Medical Service Residents	8.6	18.1	0.47	17.6	0.49	18.1	0.47	20.5	0.42		
Impaired ADL (Mean)	50.0	48.7	1.03	46.9	1.07	47.5	1.05	49.3	1.01		
Psychological Problems	44.3	52.0	0.85	54.6	0.81	52.9	0.84	54.0	0.82		
Nursing Care Required (Mean)	7.7	6.8	1.13	6.8	1.14	6.8	1.13	7.2	1.07		